

Signature Bank

Business Profile and Account Application

This application allows you to open up to four accounts provided the account ownership is the same.

Section 1. Business Client Profile

Business Formation:

☒ Corporation ☐ LP ☐ LLP ☐ LLC (Please enter tax classification: C Corporation, S Corporation, P Partnership)
☐ Partnership ☐ Unincorp. Association ☐ Sole Prop ☐ Other

State: BVI Date Est.: 06/06/2013 Publicly Traded Exchange Symbol (or Parent Company's)Account Title DigFinex Inc.Business Address Jayla Place Wickhams Cay1
(cannot be P.O. Box)

Room/Floor No.

City Road Town, TortolaState British Virgin IslandZip —Telephone No. 917) [REDACTED]

Fax No.

Primary Contact Phil PotterRelationship To Business CSODirect Phone Number 917- [REDACTED]Direct Email Address Phil@Bitfinex.com

EIN/SSN No.

Source of Initial Deposit Check Source of Revenue Profits

Industry: ☐ Real Estate Owners ☐ Real Estate - Third Party Mgmt ☐ Intermediary/Business Managers ☐ Law Firm
☐ Accounting/CPA Firm ☐ Not-for-profit ☒ Financial Co - Type of Financial Co Crypto Exchange
☐ Precious Metals, Gems, Stones ☐ Produce/Meats ☐ Other

Detail Description: ☐ Retail ☐ Wholesale ☐ Retail & Wholesale ☐ Services Industry ☐ Capital Raise ☒ Other Crypto ExchangeProvide a detailed description of the business including products and services offered Crypto ExchangeList all foreign countries in which the client or its parent/subsidiary conducts business ☒ N/A

Section 1(a). Taxpayer Identification Number Certification

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION - FOR U.S. BUSINESSES ONLY. FOREIGN BUSINESSES SHOULD NOT COMPLETE THIS SECTION, BUT MUST COMPLETE AND SIGN THE APPLICABLE W-8 FORM, WHICH IS W-8BEN, W-8ECI, W-8EXP, OR W-8IMY.

IF YOU ARE EXEMPT FROM FATCA REPORTING, PLEASE COMPLETE A W-9-2014 INSTEAD OF THIS TIN CERTIFICATION.

By signing below, I hereby certify under penalties of perjury that: (1) The EIN/SSN number shown on this form is my correct tax identification number, (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien, Partnership, Corporation, Company, or Association organized in the US or under US law, a U.S. estate and domestic trust as defined in 26 CFR 301.7701-7). Certification instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and/or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Philip G Potter

Print Name


 Authorized Signature

2/16/18

Date

Section 1(b). Signature Use Only - Attestation

Client is: ☐ New/Walk-in ☐ Existing relationship 12 months or less ☐ Existing relationship greater than 12 months☒ New/Referral (Referred by: David D'Amico) ☐ Other:

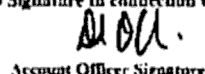
Chex Systems ☒ Completed ☐ On File Site Visit ☒ Completed ☐ On File
 OFAC ☒ Completed ☐ On File Telephone Verification ☒ Completed ☐ On File

Does this account require prior approval before establishing? ☒ Yes ☐ No Reason Crypto

By signing below, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.

David D'Amico

Account Officer Name


 Account Officer Signature

159

PCG

2/16/18

Date

RM Number (bank use only): [REDACTED]



200203 -0217

Section 1(c). Signers/Beneficial Owners

Note: Beneficial owners owning 20% or greater of a US formed business (10% or greater for non-US formed businesses) are required to be listed below. A copy of a valid photo ID is required for all listed. All the names listed will be verified by Chex Systems.

1 Name Philip G Potter SS# [REDACTED] Date of Birth [REDACTED]
Check all that apply: ☒ Officer ☒ Signer ☒ Beneficial Owner ID # [REDACTED] Exp. Date [REDACTED]
Title/Role CSO % Ownership [REDACTED] ID Type ☐ Driver's License ☐ Non-Driver's License ☒ Passport ☐ Other _____
☒ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien State or Country of ID Issuance USA
Home Address [REDACTED] NY [REDACTED]

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☒ No
If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use Only

Chex Systems ☒ Completed ☐ On File
OFAC ☒ Completed ☐ On File
ID ☒ Attached ☐ On File

2 Name SS# [REDACTED] Date of Birth [REDACTED]
Check all that apply: ☐ Officer ☐ Signer ☐ Beneficial Owner ID # [REDACTED] Exp. Date [REDACTED]
Title/Role % Ownership [REDACTED] ID Type ☐ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other _____
☐ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien State or Country of ID Issuance
Home Address [REDACTED]

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No
If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use Only

Chex Systems ☐ Completed ☐ On File
OFAC ☐ Completed ☐ On File
ID ☐ Attached ☐ On File

3 Name SS# [REDACTED] Date of Birth [REDACTED]
Check all that apply: ☐ Officer ☐ Signer ☐ Beneficial Owner ID # [REDACTED] Exp. Date [REDACTED]
Title/Role % Ownership [REDACTED] ID Type ☐ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other _____
☐ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien State or Country of ID Issuance
Home Address [REDACTED]

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No
If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use Only

Chex Systems ☐ Completed ☐ On File
OFAC ☐ Completed ☐ On File
ID ☐ Attached ☐ On File

4 Name SS# [REDACTED] Date of Birth [REDACTED]
Check all that apply: ☐ Officer ☐ Signer ☐ Beneficial Owner ID # [REDACTED] Exp. Date [REDACTED]
Title/Role % Ownership [REDACTED] ID Type ☐ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other _____
☐ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien State or Country of ID Issuance
Home Address [REDACTED]

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No
If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use Only

Chex Systems ☐ Completed ☐ On File
OFAC ☐ Completed ☐ On File
ID ☐ Attached ☐ On File

Section 2. Account Mailing Address

Section 2(a). Account Type

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Signature Flat Fee | <input type="checkbox"/> Business Checking Escrow Account (Attorney) | <input type="checkbox"/> Monogram Escrow Account | <input type="checkbox"/> Monogram Money Market Funds Program (Specify funds below) |
| <input checked="" type="checkbox"/> Monogram Business Checking | <input type="checkbox"/> Master Sub-account | <input type="checkbox"/> 1031 Escrow | _____ |
| <input type="checkbox"/> Signature Business NOW | <input type="checkbox"/> ROLA | <input type="checkbox"/> Attorney Escrow | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Monogram Business Insured Money Market | <input type="checkbox"/> Standalone | <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Escrow Account (Non-Attorney) | | |
| | <input type="checkbox"/> Master Sub-account | | |
| | <input type="checkbox"/> Standalone | | |

The funds in the Monogram Money Market Funds Program are 1) not FDIC insured, 2) not deposits or other obligations of any bank or guaranteed by any bank, and 3) involve investment risks, including possible loss of principal amount invested. Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.

Section 2(b). ATM Card/Debit Card Option

Only available for businesses requiring single signing authority.



☐ ATM card requested. ☐ Debit card requested. (If neither box is selected, no card will be issued)

List all names to receive a card: _____

Is international ATM activity anticipated? ☐ Yes ☒ No If yes, please state where: _____

Section 3. Agreements & Acknowledgements

Client initial in box(es) below.

<p> SIGNATURE BANK ACCOUNTS</p> <p>By initialing this subsection and signing under Authorized Signers, I assert that I have received, read and agree to the Business Bank Deposit Account Agreement, Business ATM Card and Debit Card Agreement, Business Account Fee Schedule, Funds Transfer Agreement, Funds Availability Disclosure and when applicable, the Internet Banking Terms and Conditions and the Mobile Banking Terms and Conditions.</p>	<p> MONOGRAM MONEY MARKET FUNDS PROGRAM</p> <p>By initialing this subsection and signing under Authorized Signers, I assert that I have received, read, and agree to the Monogram Money Market Funds Program For Business Customer Agreement and the prospectus for each Fund selected and I agree to be bound by their respective terms. I request that the Bank, acting as my agent, purchase and redeem shares in the Funds indicated on this application on my behalf in accordance with the above Agreement and I acknowledge that such direction may be in the form of telephone instructions from me.</p> <p>The funds in the Monogram Money Market Funds Program:</p> <ul style="list-style-type: none"> • are NOT FDIC insured, • are NOT deposits or other obligations of any bank or guaranteed by any bank, and • involve investment risks, including possible loss of principal amount invested. <p>Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.</p>
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200204-0217

Section 3(a). Agreements & Acknowledgements

AUTHORIZED SIGNERS (SIGNATURE CARD): I certify that on behalf of the applicant I have correctly and truthfully completed this application and have received, read, and agree to the above initialed acknowledgements and all applicable agreements in the Signature Business Account Agreements and Disclosures booklet.

Account Title **DigFinex Inc.**

1. Print Name Philip G Potter	Signature 	Title CSO	Date 2/16/18
2. Print Name	Signature	Title	Date
3. Print Name	Signature	Title	Date
4. Print Name	Signature	Title	Date

SIGNING AUTHORITY AGREEMENT

I certify that (i) the individuals who have signed above as Authorized Signers are authorized by the applicant to sign this application and have signing authority on the accounts opened pursuant to this application, (ii) the above signatures and titles are those Authorized Signers' signatures and titles with the applicant and (iii) the Authorized Signers are authorized by the applicant to act on the applicant's accounts when signing.

[x] individually or [] in the following manner: _____

Note: While the Bank will make reasonable effort to comply with a requirement that more than one Authorized Signer sign on a transaction, the Bank assumes no responsibility for any transaction that is honored that contains the signature of just one Authorized Signer.

SIGN HERE: 

Must be signed by: Secretary if Corporation or Association, Manager or Managing Member if LLC, General Partner if Partnership, Limited Partnership or LLP, or Owner if Sole proprietorship.

Section 4. Signature Employee Use Only

Signature Bank/Monogram Money Market Funds Program Account(s)

Purpose of Account:

☒ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:

☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Notes: _____

Were all Client signatures verified? ☒ Yes ☐ No Was Client present at account opening? ☒ Yes ☐ No

Account Officer Name **David D'Amico**

Account Officer Signature 

PCG # **158**

(By signing above, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.)

RM Number _____

Signature Bank

Business Profile and Account Application

This application allows you to open up to four accounts provided the account ownership is the same.

Section 1. Business Client Profile

Business Formation:

☒ Corporation ☐ LP ☐ LLP ☐ LLC (Please enter tax classification: C= Corporation, S= S Corporation, P= Partnership)
☐ Partnership ☐ Unincorp. Association ☐ Sole Prop ☐ Other _____

State: BVI Date Est.: 05/21/2013 * Publicly Traded: Exchange _____ Symbol _____ (or Parent Company's)Account Title iFinex Inc.Business Address Jayla Place Wickhams Cay1
(cannot be P.O. Box)

Room/Floor No. _____

City Road Town, TortolaState British Virgin Island

Zip _____

Telephone No. 917- [REDACTED]

Fax No. _____

Primary Contact Phil PotterRelationship To Business CSODirect Phone Number 917- [REDACTED]Direct Email Address Phil@Bitfinex.com

FIN/SSN No. _____

Industry: ☐ Real Estate Owners ☐ Real Estate - Third Party Mgmt ☐ Intermediary/Business Managers ☐ Law Firm
☐ Accounting/CPA Firm ☐ Not-for-profit ☐ Financial Co. - Type of Financial Co. _____
☐ Precious Metals, Gems, Stones ☐ Produce/Meats ☒ Other Crypto Exchange Parent Co.

Detail Description: ☐ Retail ☐ Wholesale ☐ Retail & Wholesale ☐ Services Industry ☐ Capital Raise ☒ Other Crypto Exchange Parent CompanyProvide a detailed description of the business including products and services offered Parent Co of Crypto ExchangeList all foreign countries in which the client or its parent/subsidiary conducts business N/A

Section 1(a). Taxpayer Identification Number Certification

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION - FOR US BUSINESSES ONLY. FOREIGN BUSINESSES SHOULD NOT COMPLETE THIS SECTION, BUT MUST COMPLETE AND SIGN THE APPLICABLE W-8 FORM, WHICH IS W-8BEN, W-8ECI, W-8EXP, OR W-8IMY.

IF YOU ARE EXEMPT FROM FATCA REPORTING, PLEASE COMPLETE A W-9-2014 INSTEAD OF THIS TIN CERTIFICATION.

By signing below, I hereby certify under penalties of perjury that: (1) The EIN/SSN number shown on this form is my correct tax identification number, (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien, Partnership, Corporation, Company, or Association organized in the US or under US law, a U.S. estate and domestic trust as defined in 26 CFR 301.7701-7). Certification instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and/or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Philip G Potter

Print Name

Authorized Signature

Date

2/16/18

Section 1(b). Signature Use Only - Attestation

Client is: ☐ New/Walk-in ☐ Existing relationship 12 months or less ☐ Existing relationship greater than 12 months☒ New/Referral (Referred by: David D'Amico) ☐ Other: _____

Chex Systems

☒ Completed☐ On File

Site Visit

☒ Completed☐ On File

OFAC

☒ Completed☐ On File

Telephone Verification

☒ Completed☐ On FileDoes this account require prior approval before establishing? ☒ Yes ☐ No Reason Parent Company of Crypto Exchange

By signing below, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.

David D'Amico

Account Officer Name

Account Officer Signature

159

PGC

2/16/18

Date

RM Number (bank use only): [REDACTED]



200203 -0217

Section 1(c). Signers/Beneficial Owners

Note: Beneficial owners owning 20% or greater of a US formed business (10% or greater for non-US formed businesses) are required to be listed below. A copy of a valid photo ID is required for all listed. All the names listed will be verified by Chex Systems.

1 Name Philip G Potter

SS# [REDACTED] Date of Birth [REDACTED]

Check all that apply ☒ Officer ☒ Signer ☒ Beneficial Owner

ID # [REDACTED] Exp. Date [REDACTED]

Title/Role CSO

% Ownership [REDACTED]

ID Type ☐ Driver's License ☐ Non-Driver's License ☒ Passport ☐ Other☒ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien

State or Country of ID Issuance USA

Home Address [REDACTED] NY [REDACTED]

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☒ No

If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use OnlyChex Systems ☒ Completed ☐ On FileOFAC ☒ Completed ☐ On FileID ☒ Attached ☐ On File

2 Name

SS# [REDACTED] Date of Birth [REDACTED]

Check all that apply ☐ Officer ☐ Signer ☐ Beneficial Owner

ID # [REDACTED] Exp. Date [REDACTED]

Title/Role

% Ownership

ID Type ☐ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other☐ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien

State or Country of ID Issuance

Home Address

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No

If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use OnlyChex Systems ☐ Completed ☐ On FileOFAC ☐ Completed ☐ On FileID ☐ Attached ☐ On File

3 Name

SS# [REDACTED] Date of Birth [REDACTED]

Check all that apply ☐ Officer ☐ Signer ☐ Beneficial Owner

ID # [REDACTED] Exp. Date [REDACTED]

Title/Role

% Ownership

ID Type ☐ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other☐ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien

State or Country of ID Issuance

Home Address

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No

If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use OnlyChex Systems ☐ Completed ☐ On FileOFAC ☐ Completed ☐ On FileID ☐ Attached ☐ On File

4 Name

SS# [REDACTED] Date of Birth [REDACTED]

Check all that apply ☐ Officer ☐ Signer ☐ Beneficial Owner

ID # [REDACTED] Exp. Date [REDACTED]

Title/Role

% Ownership

ID Type ☐ Driver's License ☐ Non-Driver's License ☐ Passport ☐ Other☐ US Citizen ☐ US Resident Alien ☐ Non-Resident Alien

State or Country of ID Issuance

Home Address

Are you now or have you ever been a Foreign Public Official or an immediate family member of an individual holding such an office? ☐ Yes ☐ No

If yes, please specify:

Bank Use Only

RM Number [REDACTED]

Bank Use OnlyChex Systems ☐ Completed ☐ On FileOFAC ☐ Completed ☐ On FileID ☐ Attached ☐ On File

Section 2. Account Mailing Address

Account Mail: [REDACTED]

City: [REDACTED]

Section 2(a). Account Type

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Signature Flat Fee | <input type="checkbox"/> Business Checking (Acrow Account (Attorney)) | <input type="checkbox"/> Monogram Escrow Account | <input type="checkbox"/> Monogram Money Market Funds Program (Specify funds below) |
| <input checked="" type="checkbox"/> Monogram Business Checking | <input type="checkbox"/> Master Sub-account | <input type="checkbox"/> 1031 Escrow | _____ |
| <input type="checkbox"/> Signature Business NOW | <input type="checkbox"/> IRA | <input type="checkbox"/> Attorney Escrow | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Monogram Business Insured Money Market | <input type="checkbox"/> Standalone | <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Escrow Account (Non-Attorney) | | |
| | <input type="checkbox"/> Master/Sub-account | | |
| | <input type="checkbox"/> Standalone | | |

The funds in the Monogram Money Market Funds Program are 1) not FDIC insured, 2) not deposits or other obligations of any bank or guaranteed by any bank, and 3) involve investment risks, including possible loss of principal amount invested. Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.

Section 2(b). ATM Card/Debit Card Option Only available for businesses requiring single signing authority.

☐ ATM card requested. ☐ Debit card requested. (If neither box is selected, no card will be issued)

I list all names to receive a card: _____

Is international ATM activity anticipated? ☐ Yes ☒ No If yes, please state where: _____

Section 3. Agreements & Acknowledgements Client initial in box(es) below.

SIGNATURE BANK ACCOUNTS

By initialing this subsection and signing under Authorized Signers, I assert that I have received, read and agree to the Business Bank Deposit Account Agreement, Business ATM Card and Debit Card Agreement, Business Account Fee Schedule, Funds Transfer Agreement, Funds Availability Disclosure and when applicable, the Internet Banking Terms and Conditions and the Mobile Banking Terms and Conditions.

☐
MONOGRAM MONEY MARKET FUNDS PROGRAM

By initialing this subsection and signing under Authorized Signers, I assert that I have received, read, and agree to the Monogram Money Market Funds Program For Business Customer Agreement and the prospectus for each Fund selected and I agree to be bound by their respective terms. I request that the Bank, acting as my agent, purchase and redeem shares in the Funds indicated on this application on my behalf in accordance with the above Agreement and I acknowledge that such direction may be in the form of telephone instructions from me.

The funds in the Monogram Money Market Funds Program:

- are NOT FDIC insured.
 - are NOT deposits or other obligations of any bank or guaranteed by any bank, and
 - involve investment risks, including possible loss of principal amount invested.
- Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds.



200204-0217

Section 3(a). Agreements & Acknowledgements

AUTHORIZED SIGNERS (SIGNATURE CARD): I certify that on behalf of the applicant I have correctly and truthfully completed this application and have received, read, and agree to the above initialed acknowledgements and all applicable agreements in the Signature Business Account Agreements and Disclosures booklet.

Account Title iFinex Inc.

1. Print Name Philip G Potter

(Signature)

Title CSO

Date 2/16/18

2. Print Name

Signature

Title

Date

3. Print Name

Signature

Title

Date

4. Print Name

Signature

Title

Date

SIGNING AUTHORITY AGREEMENT

I certify that (i) the individuals who have signed above as Authorized Signers are authorized by the applicant to sign this application and have signing authority on the accounts opened pursuant to this application, (ii) the above signatures and titles are those Authorized Signers' signatures and titles with the applicant and (iii) the Authorized Signers are authorized by the applicant to act on the applicant's accounts when signing.

☒ individually or ☐ in the following manner: _____

Note: While the Bank will make reasonable effort to comply with a requirement that more than one Authorized Signer sign on a transaction, the Bank assumes no responsibility for any transaction that is honored that contains the signature of just one Authorized Signer.

SIGN HERE:

Must be signed by: Secretary of Corporation or Association, Manager or Managing Member if LLC, General Partner if Partnership, Limited Partnership or L.P., or Owner if Sole proprietorship.

Section 4. Signature Employee Use Only

Signature Bank/Monogram Money Market Funds Program Account(s)

Purpose of Account:

- ☒ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:

- ☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:

- ☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Purpose of Account:

- ☐ Operating ☐ Payroll ☐ Private Placement
☐ Settlements - Real Estate ☐ Court Supervised
☐ Financial/Investment Services ☐ Donations/Contributions ☐ Escrow
☐ Other (specify) _____

Notes: _____

Were all Client signatures verified? ☒ Yes ☐ No Was Client present at account opening? ☒ Yes ☐ No

Account Officer Name David D'Amico

Account Officer Signature 

PCG # 159

(By signing above, I acknowledge that the client has been given Signature's Business Account Agreements & Disclosures booklet and all information provided in this application, and in all other documents provided to Signature in connection with this application, is accurate and current.)

RM Number 